



# AZ HIPAA Medicaid Consortium

May 14, 2003

2:00 PM to 4:00 PM

AHCCCS 701 E. Jefferson St. – 3<sup>rd</sup> Floor - Gold Room

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**Meeting Hosted By:** Lori Petre, AHCCCS

**Attendees:**

**ADHS**

Thomas Browning

Brian Heise

**AHCCCS**

Terri Greene

Patti Goodwin

Deborah Burrell

Lydia Ruiz

David Shelburg

Phyllis Tracy

Nancy Mischung

Bruce Jameson

Kyra Westlake

Frank Straka

Karen Kradle

Sandy Biggs

Dennis Koch

Steve Corzine

Mat Furze

MaryKay McDaniel

Huong Vo

Diane Sanders

Michelle Dillon

Julie Swenson

Esther Hunt

Peggy Brown

Ted Kowalczyk

**APIPA**

David Wormell

Lucy Markov

Sarah Plummer

**BHS**

Janice Hippe

CJ Major

**Care 1<sup>st</sup> Arizona**

Brenda Hanserd

**CHS**

Susan Speicher

**CRS**

Jerri Gray

**CIGNA**

Jack Corcoran

**DES**

Marcella Gonzalez

Nicole Yarborough

**HCA**

Mike Uchrin

Ethan Schweppe

**HCSD**

Michael Wells

**I.H.S.**

Charolett Melcher

**MCP & Schaller Anderson**

Anne Romer

Art Schenkman

Cathy Jackson-Smith

**Maricopa Health Plan**

Rob Mayer

**Pinal LTC**

Susan Murphy

**PHS**

Mark Hart

Mary Haehler

**UFC**

Eric Nichols

Kathleen Oestreich

**Verizon**

Marsha Solomon

Lynn Rhynas

**Yavapai County**

David Soderberg

## **1. Welcome (Lori Petre)**

Welcome to everyone.

## **2. Project Schedule Update (Gary Heller)**

### Milestones:

#### Group 1:

820 AND 834 are in pilot testing.  
Trading Partner testing began 05/05/03.

#### Group 2:

Companion doc, 835 claims finished last Friday  
276, 277, etc are upcoming  
We are running testing until 09/30/03.

Overall, we are comfortable with the schedule and meeting the dates we established.

### Workshop Agenda:

Copy of what was provided to the providers at CMS is available.

CMS presentation was very informative.  
State Medicaid initiative was discussed with what was completed in regards to Privacy,  
General information, Provider Outreach, Web site info, etc.

None of the information provided was off base to the direction we are heading in.

Privacy was implemented on 04/14, with only 75 complaints received.

It looks like there will be a process that they will use that is not very strict.  
Process: 1. Look at the infraction. 2. Work with the entity first before imposing penalties or  
corrective actions. 3. If they continue to be a violator, then the laws and penalties will be  
applied.

Q: Do you know the schedule for the Provider trainings?

A: May 5 was completed; June 3<sup>rd</sup> will be held in Flagstaff, and June 18th in Tucson, etc.

## **3. Technical Communication Specification (John Peters)**

This document/process has not changed because of HIPAA. The document lists the requirements  
needed for the VPN tunnel to the AHCCCS FTP server.

The phone numbers are listed in this document so you can call, and our Technical resource Michael  
Anderson is here today to hear your issues and assist.

## **7. Acknowledgements Update (John Peters)**

### Outbound transactions:

They start with the AHCCCS computer systems, in the case of the 820 and 835; this data is not only  
PMMIS, but other finance data as well.

The three major components of the translator are:

1. The Applications Manager is the true translator.
2. The Compliance Checker does the syntactical edits.
3. The Commerce Manager is a router; it places the outgoing transaction on the FTP server.

We just published companion guide on the 837 Claims, there will be a separate one issued for 837 Encounters.

Once the receivers get this outgoing transaction, we ask that they return a 997. The TA1s are gone. We considered concerns, and the resounding concern was the TA1. Therefore, we chose the easiest path for everyone. All comments were integrated into our approach.

The 997 is seen as a basic acknowledgement transaction.

Q: What about the 824?

A: The 824 will be addressed when discussing incoming transactions. The 824 is on the list as a level 4, reporting tool.

The bigger issue is the companion guide has not been finalized for 824. E-mail has been sent to Washington standard and they have stated it would be done in two weeks.

Q: What will happen if you get an 824 from a trading partner saying you are out of balance?

A: If we do not have a map for an 824 we will not receive it. We do not expect them, see the acknowledgement overview.

Functional groups consist of one or more transactions of the same type. As we send out transactions this option will be used. Our intent now is to only send out single functional groups. Sometimes this will only be a single transaction or sometimes for the 834 transactions we will put in groups of 10,000 each.

#### Incoming Transactions:

On page 6, this is a reverse diagram for the first document. Instead of starting with PMMIS, we are starting with the Providers, MCOs, and Vendors submitting the 837, both claims and encounters, to the transaction to FTP server.

Compliance Checker generates a 997 transaction to report syntactical errors, if necessary in a balancing situation will make use of the 824.

Implementation Guide: go to IG for code set values and detail info that needs to be reported back.

Q: If we send 5000, will we receive all 5000?

A: Yes, it will be equivalent to a batch in some respects. The kinds of errors we are talking about are basic errors.

The way around is to include a single encounter in every transaction but causing a lot of overhead.

We are not doing a lot of level 4 edits in our translator as much as possible. It is not anticipated the likelihood of having one error in a batch.

It does not apply to procedure codes, modifiers, etc.

The intention is not to replicate what needs to be done to process a claim in the translator. Many of these values are qualifier values with very standard codes.

We will certainly get a feel through testing. We want to be open to do what makes sense.

**Issue Item: We can do dupe check post translator but how to get it back out is the issue. Discussions have been held this morning.**

**Action Item: Is there a document that states how to handle the situational elements. This same question was asked of the translator, and we are learning as we are going on. We will look to publish something explaining this.**

During conference calls at National and Regional level we hear that others who are further along cannot get claims in. Therefore, is the reason why we are looking to complete what makes sense.

Q: Is there a possibility that the level 4 editing will not happen?

A: Possibly. (In the translator)

Q: How soon would you expect a 997 to come back on eligibility?

A: We have not talked about a stringent date of when to get them back or to even get them back on the same day.

Q: If we have a failure on that 820, do we keep it or send it back?

A: We will send it back as a full file. (Refer to the Acknowledgements document)

Q: What will the response turn around be?

Action Item: That task has been assigned. We will need to table this, to a future meeting.

Suggestion: Please consider exploring Web services to get the messages.

Q: Why do we need to send it if there's not a problem?

A: The translators require that they be sent regardless.

One reason for adopting this is a standard acknowledgement.

Action Item: We will have a process to alert us that there is a problem.

We would like your concerns voiced for Michael Anderson, with the issues of the FTP.

Concern: We do not want a lock out.

Answer: We are looking at this issue on a case-by-case basis, working with LAN to LAN. The cost for a Cisco concentrator is around \$4,500 dollars.

There are a lot of firewalls that have the technology built into it.

Q: Can we get an example of what to look at?

Action Item: Michael will get examples together and we will distribute to everyone.

Concern:

The process takes longer than expected for Customer Support to respond.

We made sure we looped the help desk management into the types of calls they would be receiving.

Q: Pilot testing – how soon can we get the test data that will be the same as the production data?

A: The lag was looked at, and it should be the same day.

They are not, and we are also not seeing the auto assign and enrollment choice code.

We will look again at the files. The most lag should be one day.

Q: Are you entering specific tests?

A: We are not completing any scenarios at this time. We wanted to give you cleaner runs.

Q: We did not receive anything Saturday and Sunday?

A: We are running against production GDGs and the database should not be an issue.

We can try to run a catch up on Mondays.

#### **4. Contingency Planning Update (Jim McManus)**

We will discuss: What it is and why we prepared it.

Why are we doing this?

It is not a plan to delay implementation; it's a plan to anticipate risks and what we will be doing.

There is considerable interest regarding status of HIPAA Implementation.

Planning Document Organization:

Overview section contains discussion of transactions and concepts used in plan.  
There are 4 or 5 of particular interest.

Risks: MCO's not able to handle rosters on time.  
If this happens, AHCCCS may choose to deliver proprietary roster format.

Probability = likelihood of this risk occurring, and the importance of this item to the community.

The Risk Score will be familiar to CMS in their contingency plan.

The critical dates in our plan are: 10/16, 09/27-28 when we generate rosters.

Q: Do you see the 820 coming out at the same time as the 834?

A: Yes

The trigger date is what we will be looking hard at.

July 21st is our target for a decision on how to deal with contingency.

Risk contingency report maps our risk and other contingency.  
Steps may be informing plans, etc. make software revisions.

Q: If we have both 834 and the proprietary roster, how will we need to route transaction?

Pg 15 walks you through risks and contingencies.

The first risk is a data transmission failure. We have scores of probability.  
One of the things we will consider doing is CD Rom.

The next risk: May not be able to send the 834 as planned, but has a low probability. Since rosters are important to the business this is still something we need to plan for.  
We would possibly delay implementation and inform all interested parties.

Trigger date of 07/21, is when the contingency needs to be invoked.

The 60-day advance notice will be provided to the plans on the action we took. This is not a CMS timeframe requirement.  
This has a low probability.

Another one of the risks we are looking at is that one or more MCO's are not ready to receive the 834.

We have a series of actions to deal with that possibility.

We may continue to provide proprietary rosters.

We identify in addition to running dual systems, paper rosters, and microfiche rosters.

We need to communicate to CMS we have these other options but they will possibly be a bad idea.

We have risks identified for the 820 and 270.

Next pg. on 820, same layout as for 834, with similar contingencies, etc.

Another risk: To send or receive the 270 or 271 batch transactions, has less probability of occurring.  
A number of good mechanisms are in place to provide information.

Q: When will we have the 835 and 837 contingencies?

Action Item: By the end of month.

Q: Is there a plan on having MCO's submit input on this to you?

A: Yes, this is why Jim presented this information to you so we can work together to see what can be done if a risk occurs. The dates are optimal. Will be monitored along through testing.  
There are monitoring points on where we will look at every week. This is a plan that will modify and evolve.

The whole point is to do business as usual.

Q: Can we see the one that comes out for the 837?

A: Once the risk assessment is done.

We can be ready to accept from providers but still fall short on creation.

The 837 needs additional contingencies.

Action Item: We will have the 837 contingencies available for June 4th.

Action Item: A response will be sent on questions regarding encounters that were forwarded to Brent before the next meeting.

A: We will work with existing plans individually and the new plans coming on.

The outgoing plans will be handled separately.

Concern:

With new plans, outgoing plans, receiving plans we will have one of the biggest rosters. We need to do some volume testing.

Action Item: We will integrate Dave Mollenauer's activities in the next meeting.

Q: What is the number of lives that will be in transition on 10/01.

A: Terri Greene would be who to see on this. We will look into that.

Do not forget the transition rosters as well.

#### **5. Local Codes update provided in packet.**

#### **6. Electronic Signature/Certification Update – provided in packet.**

#### **8. Transaction Identifiers**

As we were going through our internal testing, we identified revisions that were needed to the published companion documents.

Attached is a table of what we think we are calling ourselves and what we are calling you within the ISA and GS loops.

Action Item: Please validate the information that is listed in these tables.

Q: Are we still separating the ventilator clients out?

Issue Item: We had to put them in separately, not a HIPAA issue.

Q: How far are you on this piece of the project overall?

Action Item: Lydia will be putting this Trading Partner information together for FFS providers hopefully by next week.

We have a unique submitter Id.

Q: On this trading partner spec do you break out MIPS?

A: It is FFS and will be on a separate list.

#### **9. Group 1 – Testing Overview/Metrics**

Additional pilot testing will be provided.

Action Item: We will contact the plans that have volunteered.

We are still on schedule to initiate B2B testing for the 22nd. We are working on the problem report on the website.

Testing contacts provided for health plans, please advise if they leave so we can make sure we are getting the information

Action item: Problem reports identified through internal testing... etc. Metrics will be provided to the Consortium members.

## **10. Other items:**

Clarification of the Delimiters, handout was provided.

Document of Testing the different types, was provided.

Reinsurance 835 vs. 820 – we are taking a step back looking at transaction that we do not have to comply with.

We met with a Reinsurance representative and have come to the understanding that you will not have to have an 835 for reinsurance.

We are in the process of evaluating the U277; a couple of issues are that the Implementation Guide is not approved, it is not a 4010 version and there isn't a clean map in our translator, and for others their translators do not have a map at all.

Action Item: We will hopefully have a decision by our next meeting.

We are also looking at the 278 PA. IHS and we see this more as a referral process rather than a PA, so we are deciding how to implement.

Mary Kay has been looking at this. For what AHCCCS uses it maps just fine. There are 11 to 12 fields that are in the talks about adding. 837I, 837P the challenges come in COB. The bigger difficulty is to create a compliant transaction that would go thru the translator.

We are also aware of your NCPDP format concerns for encounters.

Action Item: Concerns expressed on NCPDP via the Internet will be placed on the issues list.

We are interested in how many MCO's are Claredi users.

Q: How many subscribe to Claredi?

A: Approx 5.

Action Item: We will send out a survey to see which translator you are using.

### **Trailer Record (Nancy Mischung)**

One of the things we discovered is that when we do not have any records to send to you, a trailer record is currently sent with 0. Our translator does not support this, we have an option of an email, we would like to propose this to notify you if there isn't a file versus a problem.

Action Item: We will need feedback from you by the next meeting so we can proceed.

Suggestion: A standard blank file.

A: Our translator will not support that.

Since the majority states "go back to the drawing board" we will look at other options.

The Custodial parent action item has no other follow up received yet.

Meeting adjourned.